

3410 Courthouse Drive, Ellicott City, MD 21043

On July 22, 2004, H.R. 218, also known as the "Law Enforcement Officers Safety Act of 2004," was signed into law. The law allows qualified active and retired law enforcement officers to carry a concealed firearm nationwide. It is the intent of the Howard County Police Department to offer its retirees the opportunity to certify under the parameters of the law.

GUIDELINES FOR H.R. 218

The classroom portion of the training shall include, at a minimum:

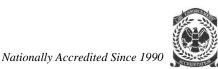
- 1. Firearms Safety: While training, at home, storing and transporting in a vehicle, or on a person.
- 2. Firearms Care: Cleaning and maintenance.
- 3. Marksmanship Fundamentals.
- 4. Legal Issues: "You are not a Police Officer."

The retirees need:

- 1. A functioning firearm (revolver or pistol) that holds at least five rounds, as the entire course is shot in five round increments.
- 2. A belt holster that allows the firearm to be drawn from the strong side (cross draws, waist bags, ankle holsters and the use of pants pockets will not be allowed, for safety reasons).
- 3. Sixty (60) rounds of ammunition suitable for the firearm (30 rounds for the daylight course of fire and 30 rounds for the reduced light course of fire).
- 4. HCPD will provide the necessary safety equipment.

Qualification:

A minimum score of 70% is required on both the written test and each qualification course of fire. The qualification shall be on an MPCTC approved course of fire, utilizing MPCTC approved targets.





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STANDARDS FOR HANDGUNS

All Handguns Must:

- 1. Be capable of firing five rounds without reloading.
- 2. Have all safety features originally in the firearm intact.
- 3. Have a full trigger guard.

Revolvers Must:

- 1. Have double action capability.
- 2. Have hammer block safety or transfer bar system that prevents firing unless the trigger is pulled fully to the rear.

Semi-Automatic Pistols Must:

Have a firing pin block or similar passive device that positively blocks the firing pin from forward travel unless the trigger is pulled fully to the rear.

Sights:

- 1. Must have open sights, fixed or adjustable.
- 2. No special optical, mirror, telescopic, or other sighting system other than would normally be found on a police service handgun.

Holsters:

- 1. Must be a conventional right or left-handed draw holster that attaches to the belt at the waist.
- 2. No inside-the-pants, shoulder, cross-draw, or "fanny-pack" type holsters.
- 3. Semi-automatic pistol holster must completely cover the trigger guard when the pistol is holstered.

NOTE: The Firearms Instructor is the final authority regarding the approval of a weapon and/or holster.





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QUALIFIED SEPARATED LAW ENFORCEMENT OFFICER APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM

Name:				
(First)	(Mi	ddle)	(Last)	
Home Address:(Street)		(City)	(State)	(Zip)
Home Phone:	Cell	•	, ,	_
Email Address:				
Date of Birth:/Sex	x: Race:	Height:	Weight: _	
Eye Color: Ha	air Color:	Social Security	y #:	
Drivers License Soundex:			State:	
	Affida	vit		
Initial				
I understand that in order to in accordance with 18 U.S.0 certification will be establis The Howard County Police	C 926C, I must satisfy hed based on my ansv	certain basic criteria.	My satisfaction of th	e
number, if available:			infeation. Identificati	Oli
I am separated in good stand	ding from the Howard	County Police Depar	tment. Date:	
I did not separate for reaso	ns of mental instabilit	y.		
I was authorized to engage the incarceration of any per				
Before my separation with l	Howard County Police	e Department, I was e	ither (check one)	
regularly employed	l as a police officer for	ten (10) or more yea	rs aggregated, or	
-	oward County Police l	-		e to





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Applic	ant signature Date
	reby declare and affirm under the penalty of perjury that the contents of this application are true rrect to the best of my knowledge, information, and belief, and I so indicate by signing below.
	I understand I may be permanently disqualified from the LEOSA program by intentionally omitting or falsifying information.
	I have never been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis.
	I have never been served with an ex-parte or protection order for domestic violence.
	I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C 926C, does not give me the rights whatsoever to exercise law enforcement authority or take police action in any circumstances.
	I understand that my certification expires twelve (12) months from the issue date.
	I understand that I must carry both the Howard County Police LEOSA Qualification Card and the HCPD Retired Officers Identification Card when I carry the concealed weapon.
	I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.
	I am not prohibited by state or federal law from receiving a firearm.
	I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance, and I will not carry a firearm while I'm under the influence of alcohol or another intoxicating or hallucinatory drug or substance.
	I have a non-forfeitable right to benefits under my agency's retirement plan.
	I was not facing any disciplinary action(s) at the time of my separation.

Please return (mail, fax, or email) the completed form to:

Howard County Police Department, Recruitment & Screening Section 3410 Court House Dr., Ellicott City, MD 21043
Fax: 410-313-2313

Email: LEOSA@howardcountymd.gov





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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Date of Birth:SSN#:				
Print Name:Address, City, State, ZIP:	Signature:	Date:		
agents and employees, from an reasonable attorneys' fees aris understand that in the event my information cannot be revealed original thereof, even though sa signature.	harmless the person to whom this read against all claims, damages, losseding out of or by reason of complying application is disapproved, the sould to me. A photocopy of this Release aid photocopy does not contain an or	es and expenses, including ag with this request. I further arces of confidential se Form will be valid as an original writing of my		
the background and history of a Background Investigation whice civilian/contractor/volunteer we any information obtained by a directly or indirectly, in whole	the intent of this Authorization is to my personal life, for the specific putch may provide pertinent data for my orking within the Howard County Opersonal history Background Invest or in part, upon this Release of Aut as a civilian/contractor/volunteer em	rpose of pursuing a sy suitability as a Government. I understand that tigation which is developed shorization, will be considered		
records as follows: Records of violations of the law, including nature made by me or against recollections of attorneys-at-law	n is to give my consent for full and complaint, arrest, trial and/or convig criminal and/or traffic records; record, wheresoever located; and to ince, or of other counsel, whether represent the property have, or have had, an interest.	ections for alleged or actual cords of complaints of a civil lude the records and		
	, do hereby authorize of, concerning myself, by a duly au aether the said records are of public,	thorized agent of the Howard		

